



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED CO. CLERK
18TH JUDGE
CIRCUIT COURT

CANDIDATE COMMITTEE COVER PAGE

JUL 24 10 47 AM '08

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 5 12 2008 7 20 2008
Mo Day Year Mo Day Year

1. Committee I.D. Number 13071

4. Candidate Last Name RIVET First Name EDWARD M.I. L.

2. Committee Name
COMMITTEE TO ELECT
ED RIVET

4a. Office Sought Including District # or Community Served (If applicable)
BAY COUNTY ROAD COMMISSIONER

4b. County of Residence BAY

5. Committee's Mailing Address
3072 W. BIRCH DR
BAY CITY MI 48706
Area Code and Phone 989 686-3516

6. Treasurer's Name & Residential Address
EDWARD L. RIVET
3072 W. BIRCH DR
BAY CITY MI 48706
Area Code & Phone 989 686-3516

7. Treasurer's Business Address

NA

Area Code and Phone ()

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone ()

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

8 5 2008
Month Day Year

9c. ☐ Annual Statement (Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper EDWARD L. RIVET Edward L. Rivet Date 7-24-2008
Type or Print Name Signature Mo Day Year

Candidate EDWARD L. RIVET Edward L. Rivet Date 7-24-2008
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 13071
2. Committee Name COMMITTEE TO ELECT ED RIVET

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>- 0 -</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>- 0 -</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>- 0 -</u>	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>- 0 -</u>	(20.) \$ <u>- 0 -</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>2661.32</u>	(21.) \$ <u>2661.32</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>- 0 -</u>	(22.) \$ <u>- 0 -</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>2661.32</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>- 0 -</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>36.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>2697.32</u>	(23.) \$ <u>2697.32</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>- 0 -</u>	(24.) \$ <u>- 0 -</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>2697.32</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>- 0 -</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>2697.32</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>2697.32</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>2697.32</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>- 0 -</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number

13071

2. Committee Name

COMMITTEE TO ELECT ED RIVET

This Schedule itemizes:

- a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>EDWARD L. RIVET</u> <u>BY</u> <u>COMMITTEE TO ELECT</u> <u>ED RIVET</u>	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>5/12-7/20/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2697.32</u>	<u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$	<u>\$ - 0 -</u>	<u>\$ 2697.32</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	<u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$	\$ _____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	<u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$ <u>1 1</u> \$	_____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Page Subtotal (Outstanding debt)

2697.32

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

2697.32

Enter this total
on line 12a
"owed by" or
line 12b "owed
to" of the
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number

13071

2. Committee Name

COMMITTEE TO ELECT ED RIVET

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>EDWARD L. RIVET</u> Address: <u>3072 W. BIRCH DR</u> <u>BAY CITY MI 48706</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FILING FEE</u> 5. Date Of Receipt: <u>5/12/08</u> 6. Vendor Name & Address: <u>BAY COUNTY CLERK</u> <u>515 CENTER AVE</u> <u>BAY CITY MI 48708</u>	<u>100.00</u>	<u>100.00</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>EDWARD L. RIVET</u> Address: <u>3072 W. BIRCH DR</u> <u>BAY CITY MI 48706</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>SIGNS</u> 5. Date Of Receipt: <u>6/17/08</u> 6. Vendor Name & Address: <u>FJ GRAFIK INC</u> <u>11049 CORLINA RD</u> <u>LENNON MI 48449</u>	<u>471.70</u>	<u>471.70</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name <u>EDWARD L. RIVET</u> Address: <u>3072 W. BIRCH DR</u> <u>BAY CITY MI 48706</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>ADVERTISE</u> 5. Date Of Receipt: <u>6/25/08</u> 6. Vendor Name & Address: <u>ST. STAN'S AC</u> <u>ST. STAN'S CT</u> <u>BAY CITY MI 48708</u>	<u>200.00</u>	<u>200.00</u>

Page Subtotal

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

771.70

Enter this total
on line 6 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number

13071

2. Committee Name

COMMITTEE TO ELECT ED RIVET

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>EDWARD L. RIVET</u> Address: <u>3072 W. BIRCH DR</u> <u>BAY CITY MI 48706</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FLYER PRINTING</u> 5. Date Of Receipt: <u>7/2/08</u> 6. Vendor Name & Address: <u>PT PRINTING</u> <u>MILLINGTON MI</u>	293.48	293.48
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>EDWARD L. RIVET</u> Address: <u>3072 W. BIRCH DR</u> <u>BAY CITY MI 48706</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>POSTAGE</u> 5. Date Of Receipt: <u>7/7/08</u> 6. Vendor Name & Address: <u>US POSTMASTER</u> <u>1800 WASHINGTON AVE</u> <u>BAY CITY MI 48708</u>	1374.88	1374.88
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name <u>EDWARD L. RIVET</u> Address: <u>3072 W. BIRCH DR</u> <u>BAY CITY MI 48706</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>ROLL LABELS</u> 5. Date Of Receipt: <u>7/17/08</u> 6. Vendor Name & Address: <u>SAWICKI & SONS</u> <u>1521 W. LAFAYETTE</u> <u>DETROIT MI 48216</u>	161.12	161.12

Page Subtotal
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

1829.48

Enter this total
on line 6 of
Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 13071
2. Committee Name COMMITTEE TO ELECT ED RIVET

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>EDWARD L. RIVET</u> Address: <u>3072 W. BIRCH DR</u> <u>BAY CITY MI 48706</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>GASOLINE</u> 5. Date Of Receipt: <u>7/12/08</u> 6. Vendor Name & Address: <u>KROGER FUEL</u> <u>945 N. EUCLID</u> <u>BAY CITY MI 48706</u>	<u>60.14</u>	<u>60.14</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name: Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description: 5. Date Of Receipt: 6. Vendor Name & Address:		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name: Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description: 5. Date Of Receipt: 6. Vendor Name & Address:		

Page Subtotal
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

60.14
2661.32

Enter this total
on line 6 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 13071

2. Committee Name COMMITTEE TO ELECT ED RIVET

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>BAY COUNTY CLERK</u> Address <u>575 CENTER AVE</u> <u>BAY CITY MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FILING FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/12/08</u>	<u>100.00</u>
Expenditure #2 Name <u>FJ GRAFIK INC.</u> Address <u>11049 CORUNNA RD</u> <u>LENNON MI 48449</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/17/08</u>	<u>471.70</u>
Expenditure #3 Name <u>ST. STANS AC</u> Address <u>ST. STANS CT.</u> <u>BAY CITY MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/25/08</u>	<u>200.00</u>
Expenditure #4 Name <u>PT PRINTING</u> Address <u>MILLINGTON MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINT FLYERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/2/08</u>	<u>293.48</u>
Expenditure #5 Name <u>US POSTMASTER</u> Address <u>1000 WASHINGTON AVE</u> <u>BAY CITY MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/7/08</u>	<u>1374.88</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>2440.06</u>

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

13071

2. Committee Name

COMMITTEE TO ELECT ED RIVER

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name SAWICKI & SONS Address 1521 W. LAFAYETTE DETROIT MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: ROLL LABELS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7/17/08	161.12
Expenditure #2 Name KROGER FUEL Address 945 N. ECKOLD BAY CITY MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: GASOLINE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7/17/08	60.14
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

221.26

2661.32

Enter this total
on line 8a of
Summary Page